CLAIMS ONLY

Application Number	Filing Date
09989970	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED 10140		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3		—					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8							58						
9	1						59						
10		1					60						
11		—					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	18						Total Depend						
Total Claims	21						Total Claims						